

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58	1		
9							59	1		
10							60	1		
11							61	1		
12							62	1		
13							63	1		
14							64	1		
15							65	1		
16							66	1		
17							67	1		
18							68	1		
19							69	1		
20							70	1		
21							71	1		
22							72	1		
23							73	1		
24							74	1		
25							75	1		
26							76			
27							77			
28							78			
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38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			